PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application of Docker Number M -15239-1 PUS														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS 29								RATE	FEE	7 Ü	RATE	FEE		
٦	DR P		ALEMBER FILED		NUM	SER EXTRA		BASICF	EE 385.0	OB	BASIC FEI	770.00		
_	OTAL CHARGE	ABLE CLAIMS	29 minus 20=		•	4		XS 9=		- ```	3000			
			minus 3 =		•	2		X43=	- X1		Vac	 		
INDEPENDENT CLAIMS S minus 3 = . L MULTIPLE DEPENDENT CLAIM PRESENT							¥42=	186	OR	700-				
								+145=	0	OR	+290=			
• If the difference in column 1 is less than zero, enter "0" in column 2									- 150	1 OR		<u> </u>		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	LENTITY	OR	OTHER			
		(Column 1)	T -	HIGH	EST	•	Ì		ADDI	7		ADDI-		
F		REMADRING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONA	-	RATE	TIONAL		
AMENDMENT	Total	. 29	Mireus			.9	ı	X\$ 9=	81	OR	X\$18=			
NE SE	Independent	· K	Minus			.2		X43=	86	7	X86=			
E	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM				10,00	OA				
							l	+145=	1	OR	+290=			
10/2/05							•	DOTT. FE	552	108	ADDIT. FEE	L		
	7011010	(Column 1)	1	(Colum	ST	(Column 3)	ŀ		I ADDI-	7 :		ADDI-		
AMENDMENT B	' '	REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL	Y	RATE	TIONAL		
	Total	AMENOMENT	Minus	PAID	9	17	l	×40	FEE		XX18=	FEE		
	Independent	190	Minus	-	1-	- //	H	X\$ 9=	 \/-	OR				
A		NTATION OF ML		PENDENT	CLAIM		H	X43=		OA	X86=			
		, ,						+145=		QR	+290=			
	5-416							TOYAL		OR	YOTAL NODIT, FEE			
	/ /		•	,			_							
5 I		CLABAS REMADING		HIGHE	ER	PRESENT	ſ		ADD/-	1	CATE	ADDI-		
		AFTER AMENDMENT		PREVIOU PAID F		DOTRA		RATE.	FEE		RATE	TIONAL		
	Total	. 40	Minus	-90)	• ~ ``		X\$ 9=	X	OR	X\$18=			
	Independent	• 9	Manus	-6			1	X43.		OR	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	MIAJ		1	210		1				
. 11	the entry in octun	L	+145- TOTAL	<u> </u>	OR	101YT								
- #	the Highest Nur	nber Previously Pai nber Previously Pa	# For IM TH	S SPACE b	ess than	20, enter 20."	AE	DIT. FEE		OR ,	DOTT. FEE			
		ber Previously Paid					fourt	d in the ap	propriate bo	a in coa	pres 1.			

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